

SENT VIA EMAIL OR FAX ON  
Mar/19/2010

## Applied Assessments LLC

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Mar/18/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Inpatient two day length of stay for examination under anesthesia (EUA) of the lumbar with two level decompression, discectomy and one level instrumented arthrodesis laminotomy (hemilaminectomy) / discectomy, additional level decompression, microdissection technique, arthrodesis lateral, application of intervertebral bio-mechanical device, bone graft, posterior non-segmental instrumentation, anterior lumbar arthrodesis, and reduction of subluxation L5/S1

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Board Certified in Orthopaedic Surgery

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines  
Denial Letters 2/24/10 and 3/4/10  
Dr. 12/29/09 thru 1/19/10  
MRI 4/24/09  
Psychological Eval 7/1/09 thru 1/17/10  
Dr. 8/12/09 thru 12/1/09  
Individual Psychotherapy Note 11/6/09 thru 12/17/09  
Dr. 12/2/09  
Dr. 5/27/09 thru 3/2/10  
PT Notes 5/29/09 thru 9/22/09

**PATIENT CLINICAL HISTORY SUMMARY**

The patient has L4 and L5 radiculopathy associated with spinal instability at L5/S1 level. The patient has failed extensive conservative treatment including interventional pain management. The patient has been cleared psychologically for spinal decompression and lumbar spinal fusion. Request for surgery has been denied by the insurance company due to the request for manipulation under anesthesia at the request of procedure in addition to the decompression and fusion.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The previous insurance company denied loss is appropriate. Reduction of subluxation at the L5/S1 level is included as an integral part of the lumbar spinal fusion. This is not a manipulation under anesthesia or reduction of an acute dislocation or spinal fracture. The request for surgery is for the most part appropriate; however, the reduction of subluxation makes the request medically unreasonable and not necessary. Request is not conform to the ODG guidelines because of that specific issue.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)